

State: Michigan

**ELEMENTARY AND SECONDARY EDUCATION HURRICANE RELIEF PROGRAM  
APPLICATION BY LOCAL EDUCATIONAL AGENCIES  
FOR EMERGENCY IMPACT AID FOR DISPLACED STUDENTS  
AND ASSISTANCE FOR HOMELESS CHILDREN AND YOUTH**

LEA NAME : \_\_\_\_\_ District Code: \_\_\_\_\_

STREET/P.O. BOX : \_\_\_\_\_

CITY : \_\_\_\_\_

COUNTY : \_\_\_\_\_

STATE: Michigan Zip Code: \_\_\_\_\_

CONTACT PERSON NAME : \_\_\_\_\_

TITLE : \_\_\_\_\_

PHONE : \_\_\_\_\_

FAX : \_\_\_\_\_

E-MAIL : \_\_\_\_\_

I certify that the school district has contacted all non-public schools within the district's boundaries to notify them of the availability of funding under this program and that the district has reviewed documentation to verify the eligibility of any non-public school students included in this application as meeting the definition of displaced students.

I certify that the school district will make payments to Individual Emergency Impact Aid Accounts for students enrolled in non-public schools who are counted on this application within 14 calendar days of the school district's receipt of funds provided for this application.

I certify that I have read the statements contained in this application and that these statements and the data included in this application are, to the best of my knowledge and belief, true, complete and correct. I certify that I am authorized to make the representations and commitments in this application, for and on behalf of the applicant, and otherwise to act as the applicant's authorized representative in submitting this application for funding. I further certify that I will retain all documents for possible review.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**QUARTERLY NUMBERS OF DISPLACED STUDENTS**

LEA NAME :

Report total numbers of displaced students in the school district by category. Use whole numbers only.

Do not include any numbers of students in more than one category.

For each quarter, report the number of displaced students as of the reporting date for that quarter.

Include this form with the school district's original application. Submit data for the remaining quarters as they become available.

	Quarter 1 on September 28, 2005	Quarter 2 on December 1, 2005	Quarter 3 on February 8, 2006	Quarter 4 on April 3, 2006
PUBLIC SCHOOLS: Total number of displaced students: (1) enrolled in the elementary and secondary schools of the school district, and (2) who are <u>not</u> receiving special education and related services consistent with IDEA	_____	_____	_____	_____
PUBLIC SCHOOLS: Total number of displaced students: (1) enrolled in the elementary and secondary schools of the school district, and (2) who <u>are</u> receiving special education and related services consistent with IDEA	_____	_____	_____	_____
NON-PUBLIC SCHOOLS: Total number of displaced students: (1) for whom the school district expects to provide payments to Individual Emergency Impact Aid Accounts, and (2) who <u>are not</u> receiving special education and related services consistent with IDEA	_____	_____	_____	_____
NON-PUBLIC SCHOOLS: Total number of displaced students: (1) for whom the school district expects to provide payments to Individual Emergency Impact Aid Accounts, and (2) who <u>are</u> receiving special education and related services consistent with IDEA	_____	_____	_____	_____

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Form Approved:

– OMB number 1810-0672

– Expiration date: 06/30/2006

For questions on this form, please contact Judy Byrnes, (517) 241-3895 or [byrnesj@michigan.gov](mailto:byrnesj@michigan.gov)

Please return this form to: MDE - Grants Coordination and School Support  
P. O. Box 30008  
Lansing, Michigan 48909